								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09699058					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER		
TOTAL CLAIMS			13				[RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS					•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =					X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							Ĺ	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II									-	_	OTHER	THAN	
_	(Column 1) (Column 2) (Column 3)						1 -	SMALI	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	2	0	=		X\$ 9=		OR	X\$18=	/	
	Independent	· 3	Minus		3_	= /		X40=		OR	X89=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	/	OR	1 270=		
							L	TOTA	- 6		TOTAL		
		(Column 1)		(Colur	nn 2)	(Column 3)	А	IDDIT. FE	E	.	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		= .		X\$ 9=		OR	X\$18=	1, 1	
	Independent	•	Minus	•••		=	lΓ	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	1	OR	+270=		
								TOTAL		OR	TOTAL		
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	•	=	 -	X40=			X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR X80= OR X80=													
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL DDIT, FEE		
		ber Previously Pai					r loun	d in the ap	propriate box	in colu	im'i 1.		

FORM PTO-875 (Rev. 8/00)

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